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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none, lcc*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 TAIWAN 091216149 10/11/2002 *LCC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 5	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Laurel Cade Lee</i> Examiner's Signature Initials			

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TITLE

Complex type toothbrush

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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